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IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Illinois

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	48,088,992	- 4.4 %
16. Other _____ Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED  
JAN 01 2007  
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 1/1/07 Advisory Rates  
and change ACE Property and Casualty Insurance Company's Deviation from 0% to -5%

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE PROPERTY &amp; CASUALTY INSURANCE COMPANY

Name of Company

Joe Binkowski - WC Product Line Manager

Official - Title

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IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Illinois

## ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 02/01/2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or - )**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,528,025	-1.9%
16. Other		
Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED  
FEB 01 2007  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

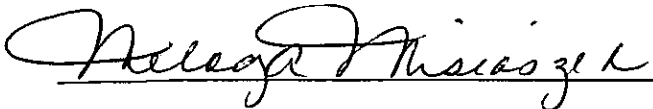
No \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

National Council on Compensation Insurance Filing and Approval Circulars IL-2006-06, 07, 08 \_\_\_\_\_

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Melody A. Misiaszek  
OfficialAmComp Assurance Corporation  
Name of CompanyVice Pres Regulatory Reptg & Compliance  
Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective +1.76% or \$95

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	5413	+1.76%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing will apply to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): No change to our LCM.  
We will be using NCCI loss costs issued in circulars IL-2006-06, IL-2006-08 and IL-2006-09 and approved in  
circular IL-2006-11.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

American National Property and Casualty Company

Name of Company

Eleanor Perry - Compliance Analyst

Official - Title



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**IDFPR (MPC)**  
**DIVISION OF INSURANCE**  
**SPRINGFIELD**

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2007

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$8,401,617	+2.0% industrial classes; - 19.4% F-classes - NCCI loss cost change only
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

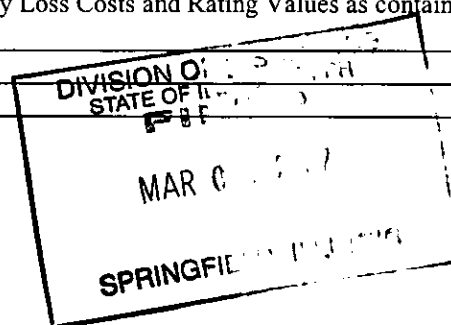
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt NCCI's January 1, 2007 Advisory Loss Costs and Rating Values as contained in the NCCI Circular Number IL-2006-11.

\* Adjusted to reflect all prior rate changes.

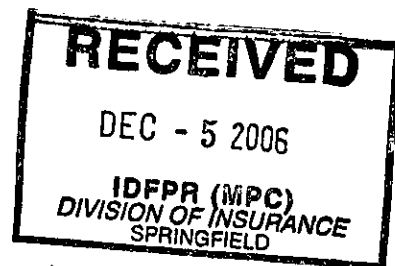
\*\* Change in Company's premium level which will result from application of new rates.

Arch Insurance Company

Name of Company

Carol Kennedy - Vice President -  
Compliance Operations

Official - Title

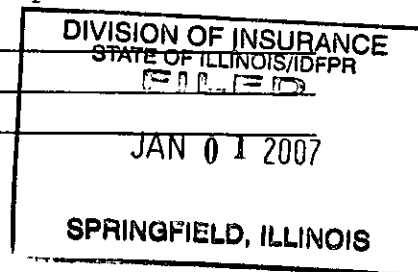


Form (RF-3)

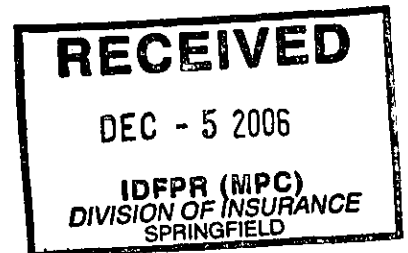
## SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,597,353	+9.1 %
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of the NCCI Loss Costs IL-2006-11  
Maintaining Current multipliers\* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.Atlantic Specialty Insurance Company  
Name of CompanySharon Sansone  
Sharon Sansone, Assistant Vice President Workers  
CompensationOfficial -Title

FORM (RF-3)  
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective January 1, 2007.

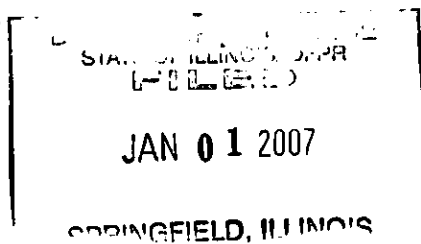
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	<u>1,669,863</u>	<u>0</u>
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): NCCT

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.



Badger Mutual Insurance Company  
Name of Company  
Workers' Compensation Coordinator  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>workers compensation</u>	1,742,163	+5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of latest NCCI loss cost and revision of loss cost multiplier

\*Adjusted to reflect all prior rate changes.

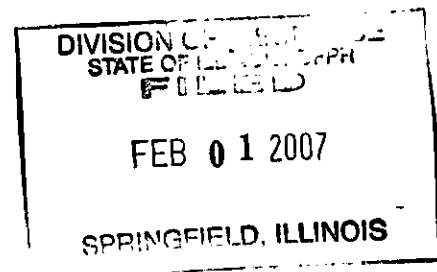
\*\*Change in Company's premium level which will result from application of new rates.

Brotherhood Mutual Insurance Company

Name of Company

Don Glick, AVP Research & Development

Official - Title



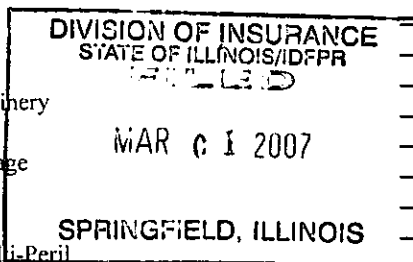
## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

3/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,594,513	0.4%
16. Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt the 1/1/07 NCCI rates for the state of Illinois, as approved in NCCI Circular IL-2006-11, with an effective date of 3/1/07.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Continental Casualty Company

Name of Company

David Levy - Actuarial Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	\$3,528,963.	+4.91%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

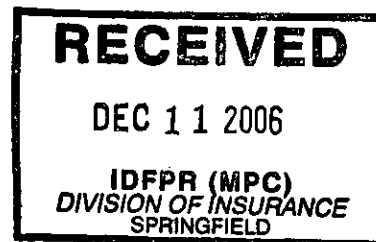
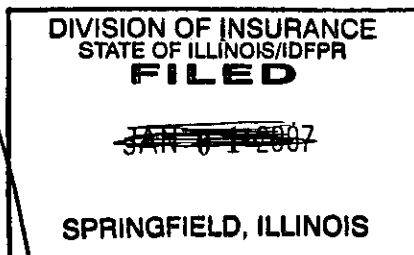
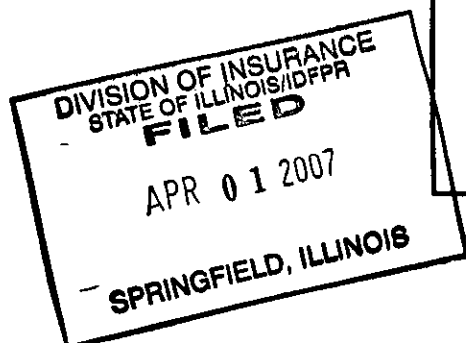
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): For all classes except 0042, 5022, 5183, 5551, 6217, 7229, 9082, and 9083, adopt NCCI loss costs and Miscellaneous values dated effective January 1, 2007. Delay adoption of Item Filing B-1399 and B-1399-A, Aviation Industry changes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company  
Name of Company

Sharon Winter, Statistical & Research Analyst  
Official - Title



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**IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD**

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate  
revision effective 1/1/07

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	\$ 303,165	0.0% %

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of the NCCI Loss Costs IL-2006-11  
Maintain current multiplier

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Employers Fire Insurance Company

Name of Company

*Sharon Sansone*Sharon Sansone, Assistant Vice President Workers  
Compensation

Official -Title

DIVISION OF  
STATE OF ILLINOIS  
FEB 1 2007

JAN 01 2007

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	16,244,564	0.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: 1/1/2007 advisory rates with +60% company deviation.

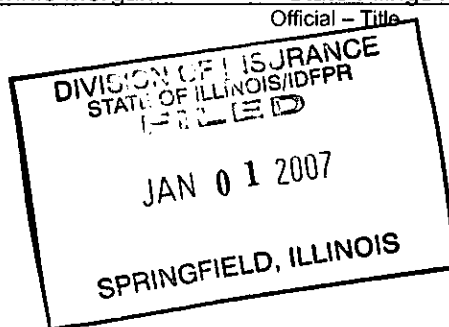
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau  
Name of Company

Bonnie Morgan      State Filings Analyst  
Official - Title



**ILLINOIS SUMMARY SHEET**  
**Form (RF-3)**

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2007

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,248,820	5.3%
16. Other		
Line of Insurance		

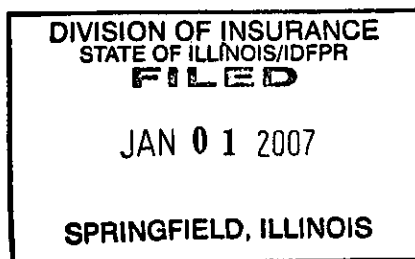
Does filing only apply to certain territory (territories) or certain  
classes? If so, specify:     No    

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):

- (1) Adopt 1/1/07 NCCI Loss Costs, miscellaneous values, and Exhibit III Deductible Insurance-Medical Benefits  
(2) Revise loss cost multipliers  
(3) Adopt 5% downward deviation in 11 classes  
(4) Revise company placement guidelines

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.



Farmers Insurance Exchange  
Name of Company

James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	3,661,322	-2.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2007 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

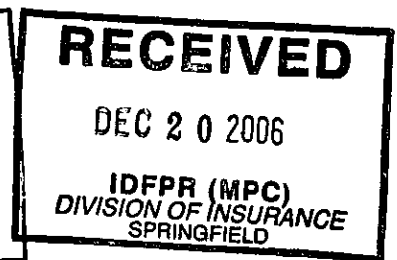
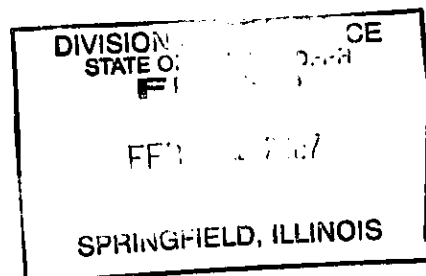
The First Liberty Insurance Corporation

Name of Company

Bonnie Morgan

State Filings Analyst

Official - Title



**ILLINOIS SUMMARY SHEET**

**FORM RF - 3**

Change in Company's premium or rate level produced by rate revision effective:  
3/1/2007

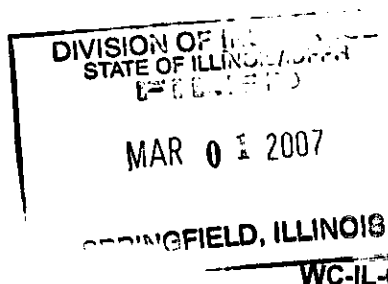
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$47,438	-8.6%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption  
of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2006-06 effective  
Jan. 1, 2007. Our filing (WC IL 0611 LCST) to be effective March 1, 2007.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



Great American Alliance Insurance Company  
Name of Company

Donna Lansing, Product Analyst  
Official - Title

**ILLINOIS SUMMARY SHEET**

**FORM RF - 3**

Change in Company's premium or rate level produced by rate revision effective:  
3/1/2007

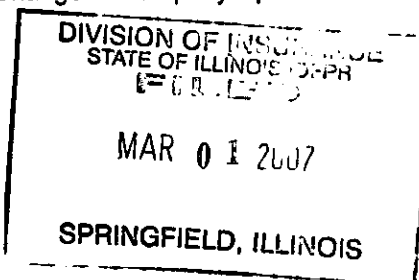
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$874,419	12.4%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption  
of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2006-06 effective  
Jan. 1, 2007. Our filing (WC IL 0611 LCST) to be effective March 1, 2007.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



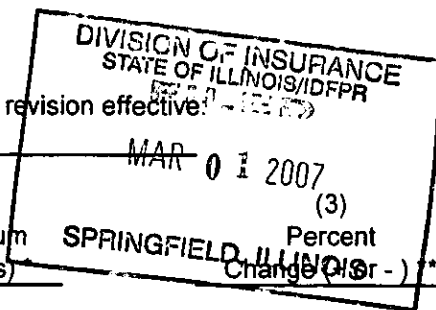
Great American Assurance Company  
Name of Company

Donna Lansing, Product Analyst  
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2007



(1) Coverage	(2) Annual Premium Volume (Illinois)	(3) Percent Change (or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$325,951	1.1%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2006-06 effective January 1, 2007. Our filing (WC IL 0611 LCST) to be effective March 1, 2007.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Great American Insurance Company

Name of Company

Donna Lansing, Product Analyst

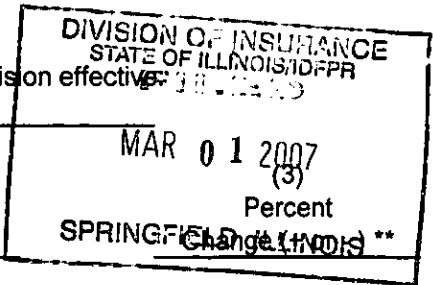
Official - Title



**ILLINOIS SUMMARY SHEET**

**FORM RF - 3**

Change in Company's premium or rate level produced by rate revision effective 3/1/2007



(1)		(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (Illinois) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$724,336	0.6%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2006-06  
effective January 1, 2007. Our filing (WC IL 0601 LCST) to be effective March 1, 2007.

\* Adjusted to reflect all prior rate changes.  
 \*\* Change in Company's premium level which will result from application of new rates.

Great American Insurance Company of New York  
 Name of Company

Donna Lansing, Product Analyst  
 Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	\$11,136,423	0

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

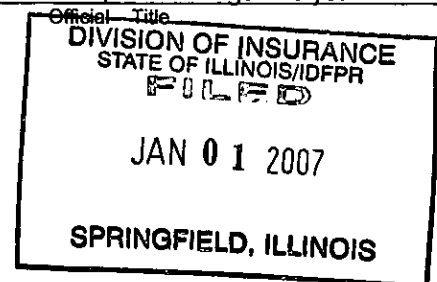
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Greenwich Insurance Company  
Name of Company

Jocelyn Miller-Harris, State Filings Analyst  
Official Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 01-01-2007 N & R

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	34,039	-8.2%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are adopting NCCI LC outlined in circular IL-2006-11 and revising company loss cost multiplier for both companies.

\*Adjusted to reflect all prior rate changes.

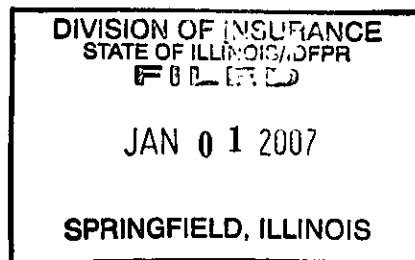
\*\*Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Company

Name of Company

Scott Reddig, Chief Actuary & SVP

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01-01-2007 N & R

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	1,250,179	-10.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are adopting NCCI LC outlined in circular IL-2006-11 and revising company loss cost multiplier for both companies.

\*Adjusted to reflect all prior rate changes.

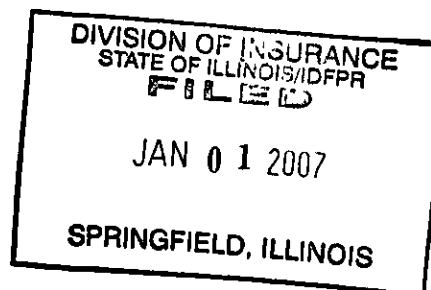
\*\*Change in Company's premium level which will result from application of new rates.

GuideOne Mutual Insurance Company

Name of Company

Scott Reddig, Chief Actuary & SVP

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	10,352,294	-2.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2007 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

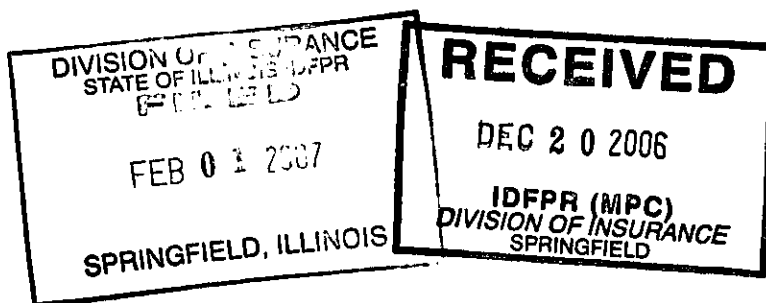
Liberty Insurance Corporation

Name of Company

Bonnie Morgan

State Filings Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	6,711,383	-2.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2007 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

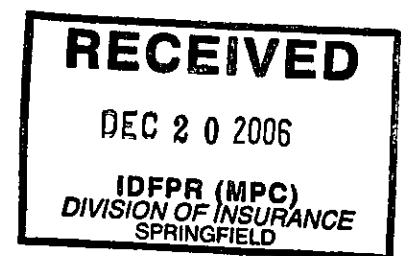
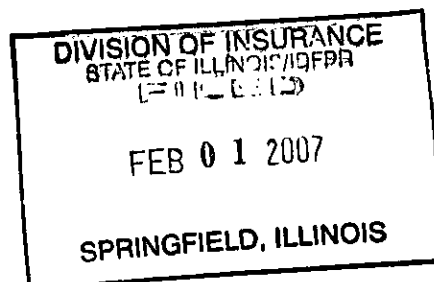
Liberty Mutual Insurance Company

Name of Company

Bonnie Morgan

State Filings Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	47,666,615	-2.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2007 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

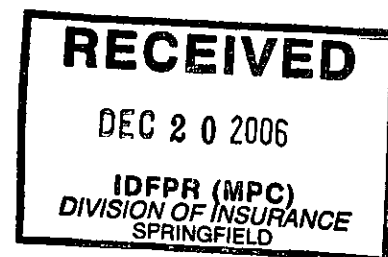
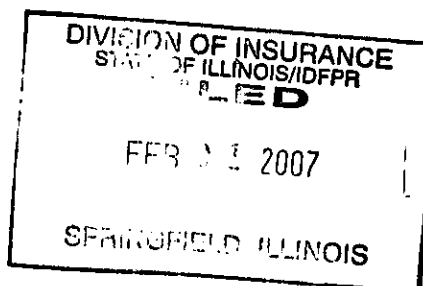
Liberty Mutual Fire Insurance Company

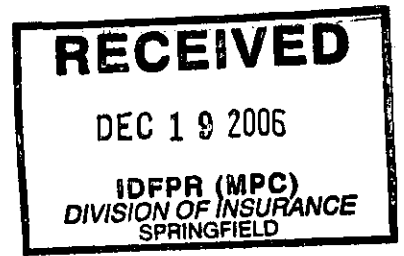
Name of Company

Bonnie Morgan

State Filings Analyst

Official - Title





Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>1,930,000</u>	<u>+2.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

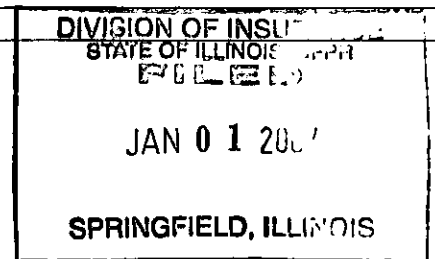
Filing pertains to all classes except for class code 7370, for which the final rate remain as \$4.22

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt 1/1/07 NCCI loss costs for all class codes except for class code 7370Change Expense Constant from \$260 to \$280

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Lincoln General Insurance Company  
Name of CompanyActuarial Consultant  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	420,805	-2.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI  
1/1/2007 loss costs and rating values with revised company loss cost multipliers.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

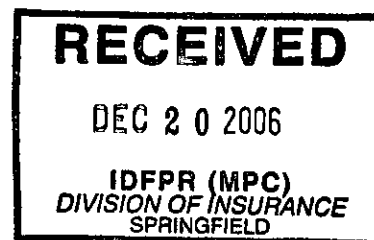
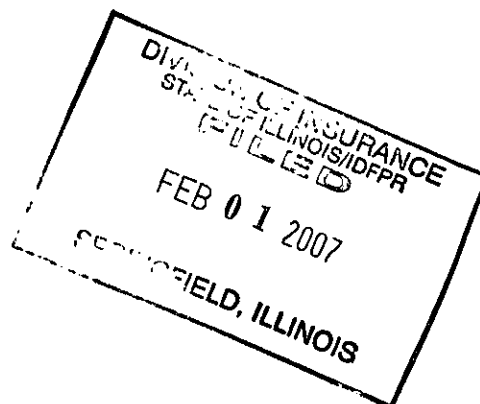
LM Insurance Corporation

Name of Company

Bonnie Morgan

State Filings Analyst

Official - Title



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DEC - 5 2006

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Illinois

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$152,853	+0.2%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

Adoption of NCCI's Advisory Loss Costs, Miscellaneous Values and Retrospective Rting Plan Manual State Special Rating Values

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwritng Alliance

Name of Company

Judy L. Smith - Lead Analyst

Official — Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2007

SPRINGFIELD, ILLINOIS

**ILLINOIS SUMMARY SHEET**  
**Form (RF-3)**

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2007

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois) *</u>	<u>Percent Change (+ or -) **</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,477,483	-4.3%
16. Other		
Line of Insurance		

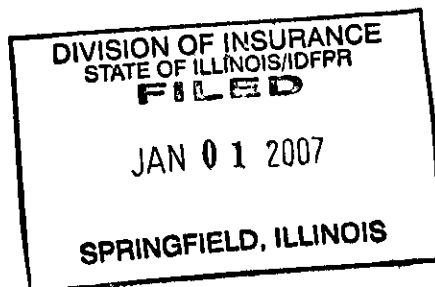
Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):

(1) Adopt 1/1/06 NCCI Loss Costs, miscellaneous values, and Exhibit III Deductible Insurance-Medical Benefits

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.



Mid-Century Insurance Company  
Name of Company

James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation  
Official - Title

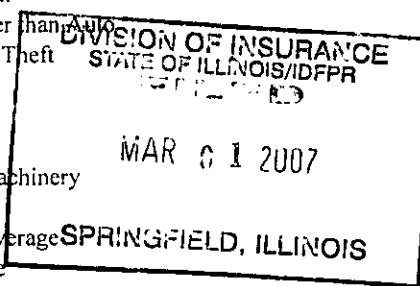
## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

3/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	15,671,109	0.0%
16. Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt the 1/1/07 NCCI rates for the state of Illinois, as approved in NCCI Circular IL-2006-11, with an effective date of 3/1/07.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

National Fire Insurance Company of Hartford  
Name of Company

David Levy - Actuarial Analyst  
Official - Title

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NOV 28 2006

**IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD**

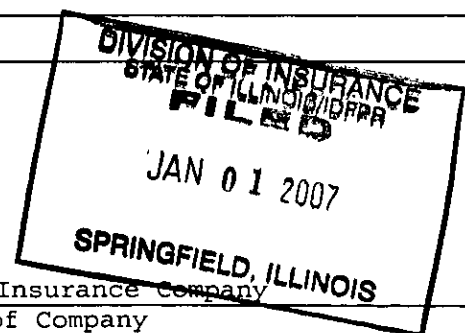
Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate  
revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>13,993</u>	<u>2.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: All Workers Compensation ClassesBrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of NCCI 01-01-2007 (IL-2006-06,  
IL-2006-09, IL-2006-08) Advisory Rates, Loss  
Costs, and Rating Values

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Old Republic Insurance Company  
Name of CompanyDeborah J. Matthews - Manager - Regulatory Compliance  
Official - Title

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DEC - 5 2006

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by  
revision effective 1/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$60,417</u>	<u>0.0 %</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of the NCCI Loss Costs IL-2006-11  
Maintaining current multiplier

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

OneBeacon America Insurance Company  
Name of CompanyDIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
JAN 01 2007

SPRINGFIELD, ILLINOIS

Sharon Sansone  
Sharon Sansone, Assistant Vice President Workers  
CompensationOfficial -Title

H29219D

INS00106

**RECEIVED**

DEC - 6 2006

Illinois

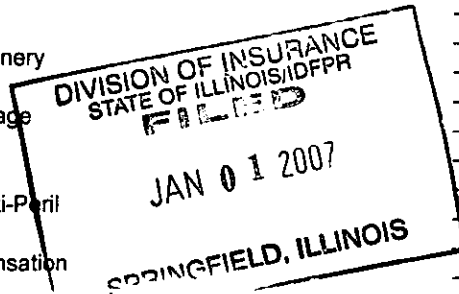
**IDFPR (MPC)**  
**DIVISION OF INSURANCE**  
SPRINGFIELD

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,525,661	+ 0.7 %
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum:  
(Adopt 1/1/07 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY

Name of Company

Joe Binkowski – WC Product Line Manager

Official — Title

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

**March 1, 2007 New  
May 1, 2007 Renewal**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<b>\$580,184</b>	<b>+13.9%</b>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

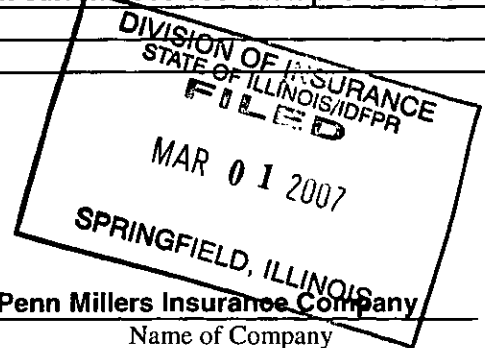
**No, the filing applies to all territories and classes.**

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

**Adoption of January 1, 2007 NCCI loss costs with no change in current loss cost multiplier of 1.657**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Tracy Yokimishyn - Actuarial Assistant**

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	2237006	3.3
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Adoption of NCCI's 1-1-07 Advisory

Rates with deviations for eight class codes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's  
advisory rates with deviations in eight class codes.

\*Adjusted to reflect all prior rate changes.

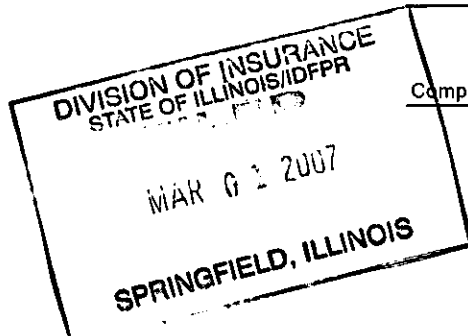
\*\*Change in Company's premium level which will result from application of new rates.

Star Insurance Company

Name of Company

Compliance Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 01/01/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WORKERS COMP.</u>	<u>\$3,440,6129</u>	<u>(-0.4%)</u>
Line of Insurance		

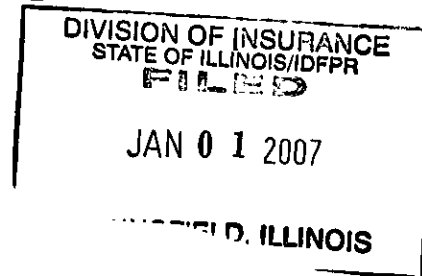
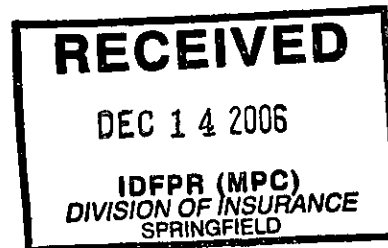
 Does filing only apply to certain territory (territories) or certain classes? If so, specify: Adoption Of, 2007 loss cost.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of loss costs in NCCI circular IL-2006-11.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

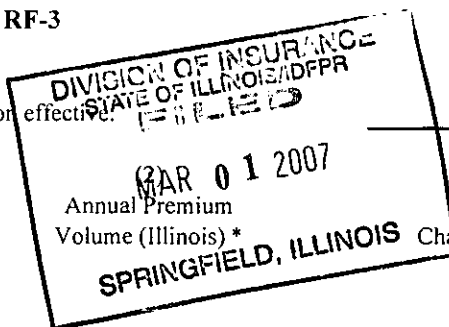
Tokio Marine & Nichido Fire Insurance Co., Ltd. (US Branch)  
 Name of Company

Sherri Nierzwicki, Analyst  
 Official - Title


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:



3/1/07

(1)

Coverage

(3)

Percent

Change (+ or -) \*\*

1 .	Automobile Liability		
	Private Passenger		
	Commercial		
2 .	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3 .	Liability Other than Auto		
4 .	Burglary and Theft		
5 .	Glass		
6 .	Fidelity		
7 .	Surety		
8 .	Boiler and Machinery		
9 .	Fire		
10 .	Extended Coverage		
11 .	Inland Marine		
12 .	Homeowners		
13 .	Commercial Multi-Peril		
14 .	Crop Hail		
15 .	Workers Compensation	7,889,092	0.9%
16 .	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt the 1/1/07 NCCI rates for the state of Illinois, as approved in NCCI Circular IL-2006-11, with an effective date of 3/1/07.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Transcontinental Insurance Company

Name of Company

David Levy - Actuarial Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WORKERS COMP.</u>	\$414,953	(-0.4%)
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Adoption Of, 2007 loss cost.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI loss costs in circular IL-2006-11.

\*Adjusted to reflect all prior rate changes.

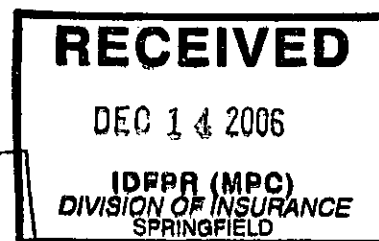
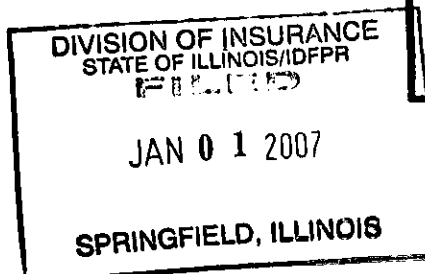
\*\*Change in Company's premium level which will result from application of new rates.

TRANS PACIFIC INSURANCE COMPANY

Name of Company

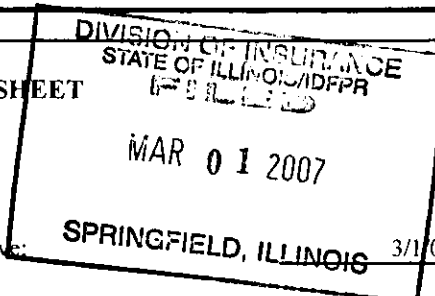
Sherri Nierzwicki, Analyst

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3



Change in Company's premium or rate level produced by rate revision effective:

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,507,415	2.2%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt the 1/1/07 NCCI rates for the state of Illinois, as approved in NCCI Circular IL-2006-11, with an effective date of 3/1/07.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Transportation Insurance Company

Name of Company

David Levy - Actuarial Analyst

Official - Title

**ILLINOIS SUMMARY SHEET**  
Form (RF-3)

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2007

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$12,114,564	2.4%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):

(1) Adopt 1/1/07 NCCI Loss Costs, miscellaneous values, and Exhibit III Deductible Insurance-Medical Benefits

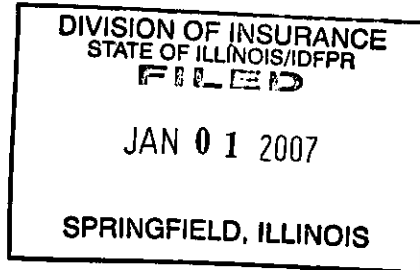
(2) Revise loss cost multipliers

(3) Adopt 5% downward deviation in 11 classes

(4) Revise company placement guidelines

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.



Truck Insurance Exchange  
Name of Company

James J. Gebhard, FCAS, MAAA  
Actuary, Workers Compensation  
Official - Title

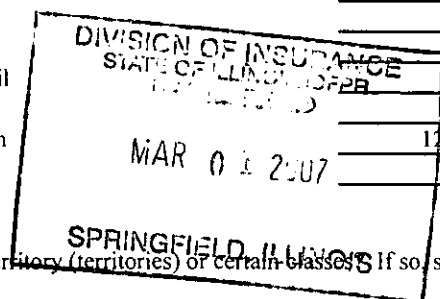
## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

3/1/07

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	12,104,331	1.4%
16. Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt the 1/1/07 NCCI rates for the state of Illinois, as approved in NCCI Circular IL-2006-11, with an effective date of 3/1/07.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Valley Forge Insurance Company  
Name of Company

David Levy - Actuarial Analyst  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	9,380,553	0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
1/1/2007 advisory rates with no company deviation.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

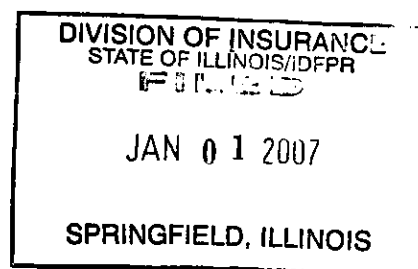
Wausau Business Insurance Company

Name of Company

Bonnie Morgan

State Filings Analyst

Official - Title





## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	4,404,921	0.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: 1/1/2007 advisory rates with -10% company deviation.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

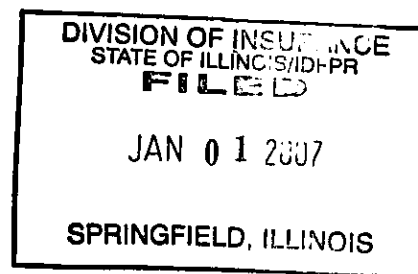
\*\*Change in Company's premium level which will result from application of new rates.

Wausau General Insurance Company

Name of Company

Bonnie MorganState Filings Analyst

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	17,934,059	0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: 1/1/2007 advisory rates with +30% company deviation.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

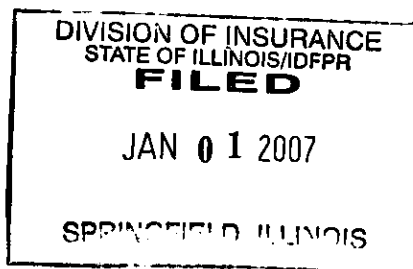
\*\*Change in Company's premium level which will result from application of new rates.

Wausau Underwriters Insurance Company

Name of Company

Bonnie MorganState Filings Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	\$4,493,913	0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

XL Specialty Insurance Company

Name of Company

Jocelyn Miller-Harris, State Filings Analyst

Official - Title

